

THE FIRST REPORT OF HYPNOTIC TREATMENT OF TRAUMATIC GRIEF: A Brief Communication

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Abstract: In 1813 the Dutch physicians Wolthers Hendriksz De Waal, and Bakker reported the hypnotic treatment of a woman suffering from traumatic grief in which the therapist had to deal directly with the patient's spontaneous reenactments of the circumstances surrounding the death. This report, summarized in the present article, has historical value as it is probably the first known precursor of the uncovering hypnotic approach. The original author's views on the case are discussed and a modern view for understanding the patient's traumatic grief and its treatment is presented.

Traumatic- grief occurs when psychological trauma obstructs mourning. As traumatic grief manifests itself in symptoms of both unresolved mourning and posttraumatic stress disorder (PTSD), it is recognized that traumatic grief straddles two diagnostic fields: pathological grief and PTSD. Van der Hart, Brown, and Turco (1990) described traumatic grief in terms of Janet's (1889/1974; 1898/1990, 1904/1911/1983) dissociation theory: the vehement emotions which the survivor experiences in response to the sudden or violent death of a loved one exert a disintegrative effect on the mind. The traumatic experience becomes dissociated from ordinary consciousness and continues as a "traumatic memory," which may manifest itself in terrifying dreams, flashbacks, and behavioural re-enactments in the form of "somnambulistic crises."

In a review of the relevant literature, Van der Hart et al. (1990) found an agreement among many authors in the field: in treatment, the dissociated traumatic experiences should first be integrated into consciousness before grief can be completed. Hypnosis seems to be the treatment of choice. Van der Hart et al. (1990) describe modern and historical case reports, notably from Janet, and mention references to earlier Dutch reports. One of these concerns the uncovering hypnotherapy by Hoek (1868; cf. Van der Hart & Van der Velden, 1987) of a young woman suffering from hysterical psychosis due to multiple traumatization. One of her traumatic experiences, which she repeatedly re-enacted in her "attacks of madness," related to the death through drowning of a servant witnessed at age 9, another one to her ex-finance's suicide by drowning. Through more calmly reliving or remembering and describing under hypnosis what she had relived full strength during her "attacks of madness," she was able to integrate these and other traumatic experiences and to subsequently deal with her grief work.

To the present author's knowledge, the earliest report on the exploratory hypnotic treatment of traumatic grief stems from the early 19th century physician. Bakker and his colleagues (Bakker, Wolthers, & Hendriksz, 1814, 1818, Wolthers, Hendriksz, De Waal & Bakker, 1813). As in similar cases (Breuer, 1895/1955; Hoek, 1868), it was, the patient who initiated this kind of

treatment, which fell completely outside the theoretical frame of reference of these Dutch physicians and therefore was reported as nothing but a curious incident.

Inspired by the revival of animal magnetism in Germany around the turn of the century, these physicians from Groningen started their first experiments with animal magnetism and somnambulism (as hypnosis was still called in those days) in the spring of 1813. A few months later they (Wolthers et al., 1813; Vijselaar, 1988) wrote an article on the results of their first magnetic treatments in a famous Dutch periodical, *De Algemeene Konst- en Letterbode* [General herald of art and literature]. One of the patients described was "C.", a woman suffering from traumatic grief (as we would say now). Further information about her treatment and follow-up was given in two subsequent volumes on animal magnetism (Bakker et al., 1814, 1818).

The CASE of Patient C.

When she entered treatment in 1813, patient C. was a maidservant who had the previous year cared for her dying lady. She had fallen ill as a result of her exertions and sorrows while attending this deathbed. Her condition was depicted as weak, pale, and exhausted. She walked with difficulty, suffered from spasms and indigestion, and she panicked at the slightest disturbance. At night she was troubled by oppressive dreams related to the death of her lady, which was "her overriding thought and the cause of her illness [Bakker et al., 1814, Appendix p.13]" as her magnetizing doctors commented.

Soon after the beginning of treatment, around April 2nd, it was discovered that C. was a talented somnambulist and a "loud dreamer." In her magnetic sleep (i.e., hypnotic state), Wolthers et al. (1813) report, she related her experiences during the last agonies of her lady with greater precision and detail as to time and place than would have been possible in the waking state. In a natural voice and with apt facial expressions, C. spoke as if the people from her story were actually present. Impersonating them, the magnetizing doctor asked questions about what happened; these questions were answered with astonishing clarity and rapidity. As a somnambulist during subsequent sessions, she thus told of her experiences, beginning with those relating to the illness and decease of her lady. Gradually she regained memories of later happenings, for which apparently she had been amnesic. Subsequently, she became aware of the "here and now," recognizing her doctor as such. During the almost 2 hours, she had described the events which had taken place in the last 40 weeks.

In June 1813, some 3 months after the beginning of treatment, the authors reported that C.'s condition had considerably improved. She had gained weight and strength, her pallor had changed for more healthy colors, and her intestinal troubles had greatly diminished. Moreover, the frequency of her nightmares seemed to have decreased, although she still woke up being tired in the morning. Nevertheless, mindful of *post hoc ergo propter hoc* reasoning, Wolthers et al. (1813), were cautious in attributing this progress to animal magnetism. They thought it necessary to continue C.'s treatment for another 2 or 3 months and witnessed a gradual reduction of the duration of her magnetic sleep.

In the middle of September, there occurred what the doctors regarded as a normal crisis which would restore C.'s health definitely. For a few days, C. suffered from pains, stomach cramps, and extreme perspiration. On September 17, C. remained immune to the magnetic passes (strokes), which, according to Wolthers et al (1813), signified the termination of the illness. Declaring her cured, they completed the magnetic treatment.

Follow-up information reported in 1814 (Bakker et al.) showed that C. occasionally endured some slight nervous spasms and abdominal pains. In 1818, Bakker et al. related that in subsequent years C. had experienced mild relapses in connection with the anniversary of her lady's death. At those times, she dreamed heavily and fell prey to nervous spasms.

DISCUSSION

Historical Context and Views

The Groningen magnetists worked in the tradition of the new school of animal magnetism, of which Puysegur (1784-1785) and Deleuze (1819) were the chief representatives. The magnetic treatment by Bakker et al. (1814, 1818) was based on two main principles: (a) according to Mesmer's theory, by making "passes" (magnetic gestures) and by effort of the will, a magnetic fluid is transmitted to the patient's body, which strengthens and harmonizes the disordered nervous system; and (b) according to de Puysegur, the induced magnetic sleep or somnambulism enables some patients to diagnose their own and others' illnesses, and prescribe adequate remedies.

Bakker et al. (1814, 1818) did not conceive of their therapeutic approach to C. in psychological terms. They ruled out the possibility of imagination playing a significant part in the healing process. Thus, the fact that C. re-enacted during the somnambulistic trance the traumatic loss of her lady struck them as exceptional, but added only an extra anecdotal flavor to the case. Neither did they see that the patient's recounting of the deathbed scene and its sequelae was probably most significant in her cure. Given their strict adherence to prevailing views on animal magnetism, they did not use this unique case as an opportunity to gain new insights and to develop a new therapeutic approach to traumatic grief. Just as with Hoek's (1868) most interesting case 50 years later, the case of C. was recorded as nothing but a curious incident. It is only since the work of Charcot (1887), Janet (1889, 1898), Breuer and Freud (1895/1955), at the end of the 19th century, that the stature of the disorder can be understood and the value of the therapeutic method used could be appreciated.

Modern Views

Patient C. had witnessed with great sorrow the death of her lady. Subsequently she fell ill, suffering from weakness, spasms, agonizing dreams, and panic attacks; symptoms which according to the Groningen doctors, were caused by the emotions occasioned by her lady's demise. From a modern perspective, C. suffered from traumatic grief with strong dissociative features. She experienced dissociated states in which she re-enacted the death of her lady, as well as a number of stress related psychosomatic symptoms and anniversary reactions.

Bakker et al. (1814, 1818) treated C. successfully with hypnosis. Given its exploratory and transformational power, hypnotherapy is today often regarded as the treatment of choice for patients suffering from PTSD (Brown & Fromm, 1986; Kingsbury, 1988; Spiegel, 1988); traumatic grief (Van der Hart et al., 1990); and dissociative disorders (Putnam, 1989). Among other things, hypnosis enables patients to move from experiential recall of the traumatic event (symbolically expressed in the symptoms) to conscious recollection. The case report of patient C. shows clearly how one can utilize the hypnotic trance in this respect. At first, C.'s therapist could only communicate with her during her hypnotic re-enactment of the trauma by impersonating persons who also attended her lady's deathbed. Finally, C. could relate to him as her doctor in the "here and now."

Assimilation and integration of the traumatic event regarding a sudden or violent death enables mourning to proceed. As the case of C. illustrates, patients are thus able to put the narrative, of their traumatic loss in its place as one of the chapters in their personal history (Janet, 1919/1925, p. 662/1976). According to modern insights, in order to reach complete assimilation and integration of trauma and loss, patients must not only tell their stories while under hypnosis but also in the waking state (Brown & Fromm, 198(1) and integrate the affect involved with the observations of the event. The report on C. seems to indicate that originally the latter step had not been made, which

may have accounted for her subsequent symptomatology. It should be noted that in observing that C. experienced mild relapses in connection with the anniversary of the death of her lady, these early 19th century authors referred to the so-called "anniversary reaction" - a term still used today.

19th and 20th Century Views on the Inability to Re-enter Previously Experienced Hypnotic States

Bakker et al.'s (1814,1818) belief that their patient C. was cured once she proved to be immune to the magnetic passes was one of the major assumptions of the new school of animal magnetism at the beginning of the 19th century. A gradual and spontaneous reduction of the duration of the magnetic sleep (somnambulism), after a peak in the length of sleep had been reached, was considered to be a natural and desirable process which signified a return to health. This idea was reinforced by observations made by almost all magnetists around 1800- that only certain persons suffering from an illness were susceptible to somnambulism, while healthy people were not. "Thus, a growing immunity to magnetic treatment was associated with a successful outcome of therapy (Bakker et al., 1814, 1818, Barrucand, 1967; Hufeland, 1815).

The belief that patients were cured when they could no longer be hypnotized was also dominant during the 19th century (e.g. Janet, 1889/1974; 1898/1990). This position seems to contrast with modern views which would regard it as a sign of resistance (e.g., as an attempt to ward off intrusion of the traumatic experience into consciousness; see Brown & Fromm, 1986). Based upon their diagnostic understanding of the patient and a consideration of the patient's treatment goals, modern clinicians would weigh whether to view tilt inability to enter trance as a signal to be respected that on some level the patient feels he/she has been helped enough or to view it its resistance to be explored in order to advance the therapy. Given her subsequent anniversary reactions, one may wonder if C. was indeed completely cured when she proved to be insusceptible to magnetic induction.

Transcending this specific early 19th century case, the present authors believe that there is more at stake than a mere difference in clinical insights between 19th and 20th century therapists on the function of diminished or vanished hypnozability during treatment. It relates, more fundamentally to a seldom explored difference in opinion regarding the nature of hypnosis (cf. Frankel, 1990; Janet, 1919/1925/1976; Weitzenhoffer, 1988).

According to the 19th century mainstream view, hypnosis was a state of "artificial somnambulism," a "second consciousness" or dissociated mental state during which an individual could remember all other experiences related to this state as well as his/her experiences belonging to the waking state. It was believed that such a dissociated state was the same phenomenon as was encountered in patients suffering from hysteria (i.e., the present-day dissociative and related disorders). In his/her waking state, the individual was amnesic for this naturally occurring or artificially evoked somnambulism Janet (1889/1974), incidentally observed that suggestibility was not related to this hypnotic state. Some individuals were not at all suggestible even while in the hypnotic state.

Given this "restricted" definition of hypnosis, the present authors believe, that the old magnetizers and hypnotists were in some cases correct when they stated that the really cured patient was no longer "hypnotizable." The patient's dissociated state or states were dissolved; mental integration was reached.

Following Bernheim (1886), modern views regard hypnosis as a phenomenon encompassing a wide variety of altered states of consciousness. Bernheim distinguished nine grades of hypnosis, of which only the last three were similar to traditional "artificial somnambulism, complete with amnesia. Spiegel distinguishes three components of the hypnotic experience (cf. Spiegel, 1990): (a) absorption, (b) dissociation, and (c) suggestibility. In an attempt to reach a synthesis between 19th and 20th century views, the present authors offer the following proposition: Patients in whom dissociated states complete with

amnesia can hypnotically be evoked will, when integration of their personality has occurred, stop to manifest these states. They have become insusceptible to hypnosis in its 19th century sense. They may still be able to experience those altered states of consciousness, however, which are characterized by increased absorption, suggestibility, and, to some degree, dissociation. In other words, they are still susceptible to hypnosis in its wider, 20th century sense.

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